

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (If known): \_\_\_\_\_ Chapter you are filing under:

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

#### About Debtor 2 (Spouse Only in a Joint Case):

#### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Everett

First name

Charles

Middle name

Alexander

Last name

\_\_\_\_\_  
 Suffix (Sr., Jr., II, III)

Emily

First name

Paige

Middle name

Alexander

Last name

\_\_\_\_\_  
 Suffix (Sr., Jr., II, III)

#### 2. All other names you have used in the last 8 years

Include your married or maiden names.

\_\_\_\_\_  
 First name

\_\_\_\_\_  
 Middle name

\_\_\_\_\_  
 Last name

\_\_\_\_\_  
 First name

\_\_\_\_\_  
 Middle name

\_\_\_\_\_  
 Last name

Emily

First name

Paige

Middle name

Whitehead

Last name

\_\_\_\_\_  
 First name

\_\_\_\_\_  
 Middle name

\_\_\_\_\_  
 Last name

#### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 5 0 5 5

OR

9xx - xx - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

xxx - xx - 5 3 5 6

OR

9xx - xx - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Debtor 1  
Debtor 2

Everett  
Emily

First Name

Charles  
Paige

Middle Name

Alexander  
Alexander

Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**About Debtor 2 (Spouse Only in a Joint Case):**

☐ I have not used any business names or EINs.

**d/b/a Coco's Delights Cookie Sales**

Business name

**d/b/a Welljuvinate**

Business name

EIN

EIN

**5. Where you live**

**8418 Carrie Lane**

Number Street

**Rowlett, TX 75089**

City State ZIP Code

**Dallas**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**If Debtor 2 lives at a different address:**

Number Street

City State ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☒ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

**This venue is convenient**

*Check one:*

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☒ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

**This venue is convenient**

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>	
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>	
	First Name	Middle Name	Last Name	Case number (if known) _____

**Part 2: Tell the Court About Your Bankruptcy Case**

- 7. The chapter of the Bankruptcy Code you are choosing to file under**
- Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 1010)). Also, go to the top of page 1 and check the appropriate box.*
- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

- 8. How you will pay the fee**
- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

- 9. Have you filed for bankruptcy within the last 8 years?**
- ☒ No.
- ☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

- 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**
- ☒ No.
- ☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

- 11. Do you rent your residence?**
- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>	
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>	
	First Name	Middle Name	Last Name	Case number (if known) _____

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

- ☐ No. Go to Part 4.
- ☒ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

d/b/a Coco's Delights Cookie Sales

Name of business, if any

8418 Carrie Lane

Number Street

Rowlett

City

TX

State

75089

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☒ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
- ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- ☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- ☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

- ☒ No.
- ☐ Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number Street

City

State

ZIP Code

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>	Case number (if known) _____
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>	
	First Name	Middle Name	Last Name	

**Part 6:** Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☒ No. Go to line 16b.  
☐ Yes. Go to line 17.
- 16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.  
☒ Yes. Go to line 17.
- 16c.** State the type of debts you owe that are not consumer debts or business debts.  
 \_\_\_\_\_
- 17. Are you filing under Chapter 7?** ☐ No. I am not filing under Chapter 7. Go to line 18.  
☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☐ No  
☐ Yes
- 18. How many creditors do you estimate that you owe?**
- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000  
☐ 50-99 ☐ 5,001-10,000  
☐ 100-199 ☐ 10,001-25,000  
☐ 200-999
- 19. How much do you estimate your assets to be worth?**
- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion  
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion  
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion  
☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion
- 20. How much do you estimate your liabilities to be?**
- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion  
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion  
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion  
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

**Part 7:** Sign Below

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Everett Charles Alexander  
 Everett Charles Alexander, Debtor 1  
 Executed on 02/12/2021  
 MM/ DD/ YYYY

**X** /s/ Emily Paige Alexander  
 Emily Paige Alexander, Debtor 2  
 Executed on 02/12/2021  
 MM/ DD/ YYYY

Debtor 1  
Debtor 2

Everett  
Emily

First Name

Charles  
Paige

Middle Name

Alexander  
Alexander

Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X**

**/s/ Michael S. Mitchell**

Signature of Attorney for Debtor

Date **02/12/2021**

MM / DD / YYYY

**Michael S. Mitchell**

Printed name

**DeMarco Mitchell, PLLC**

Firm name

**1255 West 15th St., 805**

Number Street

**plano**

City

**TX**

State

**75075**

ZIP Code

Contact phone **(972) 578-1400**

Email address **mike@demarcomitchell.com**

**00788065**

Bar number

**TX**

State

Debtor 1  
Debtor 2

**Everett  
Emily**

First Name

**Charles  
Paige**

Middle Name

**Alexander  
Alexander**

Last Name

Case number (if known) \_\_\_\_\_

Additional Items: Continuation Page

**12. Are you a sole proprietor of any full- or part-time business? (cont.)**

**d/b/a Welljuvinate**

Name of business, if any

**8418 Carrie Lane**

Number Street

**Rowlett**

City

**TX**

State

**75089**

ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☒ None of the above



Fill in this information to identify your case and this filing:

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Texas</u>		
Case number	_____		

☐ Check if this is an amended filing

## Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1 **Homestead**

Street address, if available, or other description

8418 Carrie Lane

Rowlett, TX 75089

City State ZIP Code

Dallas

County

What is the property? Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$450,000.00

Current value of the portion you own?

\$450,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☒ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....



\$450,000.00

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

3.1 Make: BMW Who has an interest in the property? Check one.  
Model: 235i  
Year: 2016  
Approximate mileage: 55000  
Other information:  

Last monthly payment is due on 4/24/2024

☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u>\$28,574.00</u>	<u>\$28,574.00</u>

If you own or have more than one, list here:

3.2 Make: Ford Who has an interest in the property? Check one.  
Model: Transit  
Year: 2019  
Approximate mileage: 40000  
Other information:  

Last monthly payment due on 8/11/2025

☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u>\$16,506.00</u>	<u>\$16,506.00</u>

3.3 Make: Jeep Who has an interest in the property? Check one.  
Model: Liberty  
Year: 2016  
Approximate mileage: 50000  
Other information:  

Vehicle was purchased by S. Alexander (Debtors' daughter) with the proceeds of a mutual fund inherited from her Uncle. Vehicle is jointly titled in name of Mr. Alexander and this daughter.

☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u>\$9,399.00</u>	<u>\$0.00</u>

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

3.4 Make: Jeep

Model: Liberty

Year: 2009

Approximate mileage: 150000

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?  
\$1,437.00

Current value of the portion you own?  
\$0.00

Other information:

Vehicle was purchased by R. Alexander (Debtors' daughter) with the proceeds of a mutual fund inherited from her Uncle. Vehicle is titled in Mr. Alexander's name only as this daughter was a minor at the time of purchase.

3.5 Make: Kia

Model: Rio

Year: 2016

Approximate mileage: 60000

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?  
\$5,419.00

Current value of the portion you own?  
\$0.00

Other information:

Vehicle purchased by C. Alexander (Debtors' daughter) with with the proceeds of a mutual fund inherited from her Uncle. Vehicle is titled in Mr. Alexander's name only as this daughter was a minor at the time of purchase.

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

→ \$45,080.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
- ☒ Yes. Describe.....

See Attached.

\$6,055.00

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>	
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>	
	First Name	Middle Name	Last Name	Case number (if known) _____

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No  
☒ Yes. Describe..... Camera-\$200. Musical instruments-\$200. Golf clubs-\$150. **\$550.00**

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No  
☒ Yes. Describe..... Clothing **\$650.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No  
☒ Yes. Describe..... Wedding ring-\$600. 3 necklaces-\$300. 6 pairs earrings-\$1,000. Costume jewelry-\$10. **\$1,910.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☐ No  
☒ Yes. Describe..... Debtors have two dogs as family pets. Value is primarily sentimental. Animals are not held for purposes of breeding or resale. **\$20.00**

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here..... →

**\$9,185.00**

**Part 4:** Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes..... Cash.....

**\$0.00**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. Checking account: Chase Bank (ending in 9932) \$7.89

17.2. Checking account: Veritex Bank business account (ending in 7940) \$0.00

17.3. Savings account: USAA (ending in 9898) \$1.07

17.4. Savings account: \_\_\_\_\_

17.5. Certificates of deposit: \_\_\_\_\_

17.6. Other financial account: \_\_\_\_\_

17.7. Other financial account: \_\_\_\_\_

17.8. Other financial account: \_\_\_\_\_

17.9. Other financial account: \_\_\_\_\_

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>	
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>	
	First Name	Middle Name	Last Name	Case number (if known) _____

Institution or issuer name:

\_\_\_\_\_

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- ☐ No
- ☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

<b>TXE Solutions, LLC Entity created in 2007 for the purpose of providing HVAC &amp; electrical services. -----</b>	<b>100</b>	<b>%</b>	<b>\$0.00</b>
---	------------	----------	---------------

**Assets of entity: Funds on Deposit @JPMorgan Chase: Approximately \$31,422.47, Client list: value unknown, Other Tangible Assets: 2 desks (\$300.00), Printer (\$25.00), Office supplies (\$100.00), Insulation machine (\$1,000.00), 2 Dust removers (\$100.00), Dust cleaner (\$150.00), Blower door (\$400.00), Electrical parts (\$500.00); HVAC parts (\$1,500.00) ----- Debts of Entity total \$880,712.77, including: American Express - \$500.77 BBVA - \$35,449.00 Chase - \$5,336.17 SBA EIDL Loan - \$150,000.00 Insc0 - \$25,937.99 Juan Cabellos - \$48,000.00 Mike Albert Leasing - \$133,552.84 Veritex Bank - \$24,687.00 Veritex Bank - \$149,067.00 Veritex Bank SBA Loan - \$308,182.00 ----- Obligations to Veritex and to the EIDL loan lender are secured by properly perfected UCC1 Financing Statements**

<b>Wow Home Services, LLC Entity created 3/16/2020 but has never conducted business of any kind. The entity has no tangible or intangible assets of any kind and has no liabilities. It is therefore believed to be of no value to the bankruptcy estate.</b>	<b>100</b>	<b>%</b>	<b>\$0.00</b>
---	------------	----------	---------------

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No
- ☐ Yes. Give specific information about them.....

Issuer name:

\_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No
- ☐ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:

\_\_\_\_\_

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>	
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>	
	First Name	Middle Name	Last Name	Case number (if known) _____

Pension plan: \_\_\_\_\_

IRA: \_\_\_\_\_

Retirement account: \_\_\_\_\_

Keogh: \_\_\_\_\_

Additional account: \_\_\_\_\_

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No  
☐ Yes.....

Institution name or individual:

Electric: \_\_\_\_\_

Gas: \_\_\_\_\_

Heating oil: \_\_\_\_\_

Security deposit on rental unit: \_\_\_\_\_

Prepaid rent: \_\_\_\_\_

Telephone: \_\_\_\_\_

Water: \_\_\_\_\_

Rented furniture: \_\_\_\_\_

Other: \_\_\_\_\_

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No  
☐ Yes.....

Issuer name and description:

\_\_\_\_\_

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>	
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>	
	First Name	Middle Name	Last Name	Case number (if known) _____

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No  
☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No  
☐ Yes. Give specific information about them....

\_\_\_\_\_

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No  
☐ Yes. Give specific information about them....

\_\_\_\_\_

27. **Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No  
☐ Yes. Give specific information about them....

\_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

- ☒ No  
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \_\_\_\_\_  
State: \_\_\_\_\_  
Local: \_\_\_\_\_

29. **Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement



Debtor 1  
Debtor 2

**Everett**  
**Emily**

**Charles**  
**Paige**

**Alexander**  
**Alexander**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

☒ No

☐ Yes. Give specific information.....

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

30. **Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.....

31. **Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

\_\_\_\_\_

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.....

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

35. **Any financial assets you did not already list**

☒ No  
☐ Yes. Give specific information.....  \_\_\_\_\_

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →**

**\$367.22**

**Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

☐ No. Go to Part 6.  
☒ Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned**

☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

39. **Office equipment, furnishings, and supplies**

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☐ No  
☒ Yes. Describe..... Coco's Delights-Cookies Equipment Heat sealer-\$25. Air Brush-\$25. **\$50.00**

41. **Inventory**

☐ No  
☒ Yes. Describe..... See Attached. **\$107.00**

42. **Interests in partnerships or joint ventures**

☒ No  
☐ Yes. Describe.....

Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_  
\_\_\_\_\_%

Debtor 1  
Debtor 2

Everett  
Emily

Charles  
Paige

Alexander  
Alexander

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

43. Customer lists, mailing lists, or other compilations

☒ No

☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☒ No

☐ Yes. Describe.....

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....→

\$157.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Current value of the  
portion you own?  
Do not deduct secured  
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No

☐ Yes.....

48. Crops—either growing or harvested

☒ No

☐ Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No

☐ Yes.....

50. Farm and fishing supplies, chemicals, and feed

☒ No

☐ Yes.....

Debtor 1 Everett Charles Alexander  
Debtor 2 Emily Paige Alexander  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No  
☐ Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No  
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... →

\$450,000.00

56. Part 2: Total vehicles, line 5 \$45,080.00

57. Part 3: Total personal and household items, line 15 \$9,185.00

58. Part 4: Total financial assets, line 36 \$367.22

59. Part 5: Total business-related property, line 45 \$157.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61.....

\$54,789.22

Copy personal property total →

+ \$54,789.22

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$504,789.22

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>	Case number (if known) _____
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>	
	First Name	Middle Name	Last Name	

## SCHEDULE A/B: PROPERTY

Continuation Page

6.	<b>Household goods and furnishings</b>	
	Living room- Sofa-\$250. 3 chairs-\$30. End tables-\$30. TV-\$50. Apple tv-\$25. Lamps-\$5.	<u>\$390.00</u>
	Dining room- Table-\$500. Chairs-\$150.	<u>\$650.00</u>
	Kitchen- Stove-\$100. Refrigerator-\$100. Dishwasher-\$50. Microwave-\$25. Small appliances-\$100. Flatware-\$10. Dishes-\$50. Pots & pans-\$50. Stemware-\$10. Glasses-\$10.	<u>\$505.00</u>
	Miscellaneous items- Washer-\$150. Dryer-\$150. Second refrigerator-\$50. Vacuum-\$15. Linens-\$50. Treadmill-\$50. Patio furniture-\$300. Grill-\$100.	<u>\$865.00</u>
	Bedroom #1- Bed-\$250. Dresser-\$100. 2 night stands-\$100. Bench-\$100. TV-\$75. 2 lamps-\$50.	<u>\$675.00</u>
	Bedroom #2- Bed-\$50. Dresser-\$40. Night stand-\$20.	<u>\$110.00</u>
	Bedroom #3- Bed-\$40. Night stand-\$20.	<u>\$60.00</u>
	Bedroom #4- Bed-\$150. Night stand-\$25. Lamps-\$5.	<u>\$180.00</u>
	Bedroom #5- Bed-\$100. Dresser-\$50. Night stand-\$20.	<u>\$170.00</u>
	Family Room- Sofa-\$200. TV-\$100. Sound system-\$50. Speakers-\$25. Bookcase-\$25. Toys-\$25.	<u>\$425.00</u>
	Office/Den- Desk-\$100. Desk chair-\$20. File cabinet-\$50. 2 computers-\$600. Scanner-\$25. Lamps-\$10. Sofa-\$50. 2 bookcases-\$50.	<u>\$905.00</u>
	Garage/Attic- Hand tools-\$200. Yard tools-\$50. Power tools-\$25. Ladder-\$25. Luggage-\$100. Holiday decorations-\$150.	<u>\$550.00</u>
	Books-\$100. Paintings-\$50. Framed photos-\$20. Decoratives-\$400.	<u>\$570.00</u>
17.	<b>Deposits of money</b>	
	Checking account: USAA (Ending in 9871)	<u>\$358.26</u>
41.	<b>Inventory</b>	
	Welljuvinate inventory 1 box of gloves, 1 package of alcohol wipes, 1 package of gauze squares, 1 box 0.3ml syringes	<u>\$16.00</u>
	Coco's Delights-Cookies Inventory 10lb bag of Sugar, 10lb bag of Flour, 10lb bag of Powder Sugar, Food Coloring, Cookie cutters, Edible ink pens, Stencils, Icing tips	<u>\$91.00</u>

Fill in this information to identify your case:

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Texas</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Homestead 8418 Carrie Lane Rowlett, TX 75089	<u>\$450,000.00</u>	<input checked="" type="checkbox"/> <u>\$91,133.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002</u>
Line from <i>Schedule A/B</i> : <u>1.1</u>			
Brief description: 2016 BMW 235i Last monthly payment is due on 4/24/2024	<u>\$28,574.00</u>	<input checked="" type="checkbox"/> <u>\$672.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)</u>
Line from <i>Schedule A/B</i> : <u>3.1</u>			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: 2019 Ford Transit Last monthly payment due on 8/11/2025  Line from Schedule A/B: <u>3.2</u>	<u>\$16,506.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Brief description: 2016 Jeep Liberty Vehicle was purchased by S. Alexander (Debtors' daughter) with the proceeds of a mutual fund inherited from her Uncle. Vehicle is jointly titled in name of Mr. Alexander and this daughter.  Line from Schedule A/B: <u>3.3</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Brief description: 2009 Jeep Liberty Vehicle was purchased by R. Alexander (Debtors' daughter) with the proceeds of a mutual fund inherited from her Uncle. Vehicle is titled in Mr. Alexander's name only as this daughter was a minor at the time of purchase.  Line from Schedule A/B: <u>3.4</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Brief description: 2016 Kia Rio Vehicle purchased by C. Alexander (Debtors' daughter) with with the proceeds of a mutual fund inherited from her Uncle. Vehicle is titled in Mr. Alexander's name only as this daughter was a minor at the time of purchase.  Line from Schedule A/B: <u>3.5</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Brief description: Living room- Sofa-\$250. 3 chairs-\$30. End tables-\$30. TV-\$50. Apple tv-\$25. Lamps-\$5.  Line from Schedule A/B: <u>6</u>	<u>\$390.00</u>	<input checked="" type="checkbox"/> <u>\$390.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: Dining room- Table-\$500. Chairs-\$150.  Line from Schedule A/B: <u>6</u>	<u>\$650.00</u>	<input checked="" type="checkbox"/> <u>\$650.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: Kitchen- Stove-\$100. Refrigerator-\$100. Dishwasher-\$50. Microwave-\$25. Small appliances-\$100. Flatware-\$10. Dishes-\$50. Pots & pans-\$50. Stemware-\$10. Glasses-\$10.	\$505.00	<input checked="" type="checkbox"/> \$505.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: Miscellaneous items- Washer-\$150. Dryer-\$150. Second refrigerator-\$50. Vacuum-\$15. Linens-\$50. Treadmill-\$50. Patio furniture-\$300. Grill-\$100.	\$865.00	<input checked="" type="checkbox"/> \$865.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: Bedroom #1- Bed-\$250. Dresser-\$100. 2 night stands-\$100. Bench-\$100. TV-\$75. 2 lamps-\$50.	\$675.00	<input checked="" type="checkbox"/> \$675.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: Bedroom #2- Bed-\$50. Dresser-\$40. Night stand-\$20.	\$110.00	<input checked="" type="checkbox"/> \$110.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: Bedroom #3- Bed-\$40. Night stand-\$20.	\$60.00	<input checked="" type="checkbox"/> \$60.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: Bedroom #4- Bed-\$150. Night stand-\$25. Lamps-\$5.	\$180.00	<input checked="" type="checkbox"/> \$180.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: Bedroom #5- Bed-\$100. Dresser-\$50. Night stand-\$20.	\$170.00	<input checked="" type="checkbox"/> \$170.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			



Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: Family Room- Sofa-\$200. TV-\$100. Sound system-\$50. Speakers-\$25. Bookcase-\$25. Toys-\$25. Line from Schedule A/B: <u>6</u>	\$425.00	<input checked="" type="checkbox"/> \$425.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: Office/Den- Desk-\$100. Desk chair-\$20. File cabinet-\$50. 2 computers-\$600. Scanner-\$25. Lamps-\$10. Sofa-\$50. 2 bookcases-\$50. Line from Schedule A/B: <u>6</u>	\$905.00	<input checked="" type="checkbox"/> \$905.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: Garage/Attic- Hand tools-\$200. Yard tools-\$50. Power tools-\$25. Ladder-\$25. Luggage-\$100. Holiday decorations-\$150. Line from Schedule A/B: <u>6</u>	\$550.00	<input checked="" type="checkbox"/> \$550.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: Books-\$100. Paintings-\$50. Framed photos-\$20. Decoratives-\$400. Line from Schedule A/B: <u>6</u>	\$570.00	<input checked="" type="checkbox"/> \$570.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: Camera-\$200. Musical instruments-\$200. Golf clubs-\$150. Line from Schedule A/B: <u>9</u>	\$550.00	<input checked="" type="checkbox"/> \$550.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(8)
Brief description: Clothing Line from Schedule A/B: <u>11</u>	\$650.00	<input checked="" type="checkbox"/> \$650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)
Brief description: Wedding ring-\$600. 3 necklaces-\$300. 6 pairs earrings-\$1,000. Costume jewelry-\$10. Line from Schedule A/B: <u>12</u>	\$1,910.00	<input checked="" type="checkbox"/> \$1,910.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: Debtors have two dogs as family pets. Value is primarily sentimental. Animals are not held for purposes of breeding or resale. Line from Schedule A/B: <u>13</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)
Brief description: Coco's Delights-Cookies Equipment Heat sealer-\$25. Air Brush-\$25. Line from Schedule A/B: <u>40.1</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)
Brief description: Welljuvinate inventory 1 box of gloves, 1 package of alcohol wipes, 1 package of gauze squares, 1 box 0.3ml syringes Line from Schedule A/B: <u>41</u>	<u>\$16.00</u>	<input checked="" type="checkbox"/> <u>\$16.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)
Brief description: Coco's Delights-Cookies Inventory 10lb bag of Sugar, 10lb bag of Flour, 10lb bag of Powder Sugar, Food Coloring, Cookie cutters, Edible ink pens, Stencils, Icing tips Line from Schedule A/B: <u>41</u>	<u>\$91.00</u>	<input checked="" type="checkbox"/> <u>\$91.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)

Fill in this information to identify your case:

Debtor 1 Everett Charles Alexander  
 First Name Middle Name Last Name

Debtor 2 Emily Paige Alexander  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Texas

Case number \_\_\_\_\_  
 (if known)

☐ Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.1 Cenlar  
 Creditor's Name  
PO Box 77404  
 Number Street  
Trenton, NJ 08628  
 City State ZIP Code

Describe the property that secures the claim:  
Homestead  
8418 Carrie Lane Rowlett, TX 75089

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.  
☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

Who owes the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred  
1/2020

Last 4 digits of account number 2 7 0 0

\$358,867.00 \$450,000.00 \$0.00

Add the dollar value of your entries in Column A on this page. Write that number here:

\$358,867.00

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
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<b>2.2</b> DCU Creditor's Name PO Box 9130 Number Street Marlborough, MA 01752-4708 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Date debt was incurred</b> 3/12/2020	<b>Describe the property that secures the claim:</b> 2019 Ford Transit Last monthly payment due on 8/11/2025 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <b>Last 4 digits of account number</b> <u>1 4 1 4</u>	\$16,992.00    \$16,506.00    \$486.00
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Remarks: 57 months left on note

<b>2.3</b> EECU Creditor's Name PO Box 17777 Number Street Fort Worth, TX 76101 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt <b>Date debt was incurred</b> 10/10/2018	<b>Describe the property that secures the claim:</b> 2016 BMW 235i Last monthly payment is due on 4/24/2024 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <b>Last 4 digits of account number</b> <u>0 4 9 3</u>	\$27,902.00    \$28,574.00    \$0.00
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Remarks: 48 monthly payments left on note

Add the dollar value of your entries in Column A on this page. Write that number here:

\$44,894.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$403,761.00

Fill in this information to identify your case:

Debtor 1 Everett Charles Alexander  
First Name Middle Name Last Name

Debtor 2 Emily Paige Alexander  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Texas

Case number  
(if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
<input type="text"/>		
<p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or person injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p>		

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** List All of Your NONPRIORITY Unsecured Claims

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<p><b>American Radiology</b></p> <p>Nonpriority Creditor's Name</p> <p><b>712 N. Washington, Suite 101</b></p> <p>Number Street</p> <p><b>Dallas, TX 75246</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>4035</u></p> <p><b>When was the debt incurred?</b> <u>2020</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>	<p><b>Total claim</b></p> <p><b>\$531.00</b></p>
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4.2	<p><b>American Radiology</b></p> <p>Nonpriority Creditor's Name</p> <p><b>712 N. Washington, Suite 101</b></p> <p>Number Street</p> <p><b>Dallas, TX 75246</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> <u>2020</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>	<p><b>\$123.00</b></p>
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4.3	<p><b>BBVA</b></p> <p>Nonpriority Creditor's Name</p> <p><b>PO Box 192</b></p> <p>Number Street</p> <p><b>Birmingham, AL 35201</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>9430</u></p> <p><b>When was the debt incurred?</b> <u>2017</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Business Line of Credit</b></p>	<p><b>\$35,449.00</b></p>
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Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.4	<b>CBS Corporate</b> Nonpriority Creditor's Name <b>51 West 52nd</b> Number Street <b>New York, NY 10019</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>2019</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>advertising</b>	<b>\$60,580.00</b>
4.5	<b>Chase</b> Nonpriority Creditor's Name <b>PO Box 15298</b> Number Street <b>Wilmington, DE 19850-5298</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7283</u> When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$5,336.17</b>
4.6	<b>Chase</b> Nonpriority Creditor's Name <b>PO Box 15298</b> Number Street <b>Wilmington, DE 19850-5298</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2320</u> When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$2,254.00</b>

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.7	<b>Citi Advantage</b> Nonpriority Creditor's Name <b>PO Box 9001037</b> Number Street <b>Louisville, KY 40209</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2276</u> When was the debt incurred? <u>2014</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$62,841.31</b>
4.8	<b>Citi Advantage AA</b> Nonpriority Creditor's Name <b>PO Box 78045</b> Number Street <b>Phoenix, AZ 85062</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1356</u> When was the debt incurred? <u>2012</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$29,244.00</b>
4.9	<b>EIDL Loan</b> Nonpriority Creditor's Name <b>14925 Kingsport Road</b> Number Street <b>Fort Worth, TX 76155</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7405</u> When was the debt incurred? <u>06/01/2020</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Business Debt</b>	<b>\$150,000.00</b>



Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.10	<p><b>Home Depot/Citi Card</b>            Nonpriority Creditor's Name  <b>PO Box 6497</b>            Number Street  <b>Sioux Falls, SD 57117-6497</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3386</u></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$800.51</b>
4.11	<p><b>Hunt Reginal Care</b>            Nonpriority Creditor's Name  <b>PO Box 732651</b>            Number Street  <b>Dallas, TX 75373-2651</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7031</u></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>	<b>\$276.35</b>
4.12	<p><b>Insco</b>            Nonpriority Creditor's Name  <b>3775 Marquis Dr. Ste. 101</b>            Number Street  <b>Garland, TX 75042</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0566</u></p> <p>When was the debt incurred? <u>03/28/2013</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Business Debt</b></p>	<b>\$25,937.99</b>

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.	Total claim	
<b>4.13</b>	<p><b>Juan Cabellos</b>            Nonpriority Creditor's Name  <b>c/o First Fidelity Real Estate Services</b>  <b>2301 Forest Lane Suite 310</b>            Number Street  <b>Garland, TX 75042</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> <u>07/17/2015</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Executory Contract</b></p>	<b>\$48,000.00</b>
<b>4.14</b>	<p><b>Kenneth McClure</b>            Nonpriority Creditor's Name  <b>C/O Nelson Bumgardner Albritton P.C.</b>  <b>204 N. Fredonia Street</b>            Number Street  <b>Longview, TX 75601</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Remarks:</b> Civil lawsuit alleging damages between \$100,000.00 and \$250,000.00</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Business Debt</b></p>	<b>unknown</b>

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.15	<p><b>Methodist Health System</b>            Nonpriority Creditor's Name  <b>1441 N. Beckley Avenue</b>            Number Street  <b>Dallas, TX 75203</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0221</u> <b>\$24,054.77</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>
4.16	<p><b>Methodist Medical Group</b>            Nonpriority Creditor's Name  <b>PO Box 733540</b>            Number Street  <b>Dallas, TX 75237</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3781</u> <b>\$646.13</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>
4.17	<p><b>Mike Albert Leasing</b>            Nonpriority Creditor's Name  <b>PO Box 643220</b>            Number Street  <b>Cincinnati, OH 45264</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0732</u> <b>\$133,552.84</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Executory Contract</b></p>

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.18	<b>NACM Southwest</b> Nonpriority Creditor's Name <b>751 Plaza Blvd.</b> Number Street <b>Coppell, TX 75019</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b>	<b>\$0.00</b>
4.19	<b>Old Navy</b> Nonpriority Creditor's Name <b>PO Box 530942</b> Number Street <b>Atlanta, GA 30353</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8470</u> When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$729.39</b>
4.20	<b>Pence Media</b> Nonpriority Creditor's Name <b>2255 Ridge Rd.</b> Number Street <b>Rockwall, TX 75032</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>2019</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>advertising</b>	<b>\$20,212.00</b>

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.21	<b>St. Joseph Regional</b> Nonpriority Creditor's Name <b>PO Box 679872</b> Number Street <b>Dallas, TX 75267</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1258</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$227.00</b>
4.22	<b>St. Joseph Regional</b> Nonpriority Creditor's Name <b>PO Box 679872</b> Number Street <b>Dallas, TX 75267</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1258</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$8,976.71</b>
4.23	<b>Synchrony Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 960061</b> Number Street <b>Orlando, FL 32896</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8490</u> <b>When was the debt incurred?</b> <u>10/03/2018</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$4,171.00</b>

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.24	<p><b>TAMU Div. of Finance and Operations</b>                      Nonpriority Creditor's Name  <b>General Services Complex/Suite 2801</b>  <b>6001 TAMU</b>                      Number Street  <b>College Station, TX 77843-6001</b>                      City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1593</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Collecting for</b></p>	<b>\$500.00</b>
4.25	<p><b>Texas Health Presbyterian Hospital</b>                      Nonpriority Creditor's Name  <b>4515 N. Sante Fe Ave.</b>                      Number Street  <b>Oklahoma City, OK 73118</b>                      City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>2020</u></p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>	<b>\$4,575.05</b>
4.26	<p><b>Texas Health Presbyterian Hospital</b>                      Nonpriority Creditor's Name  <b>PO Box 676882</b>                      Number Street  <b>Dallas, TX 75267</b>                      City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0895</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>	<b>\$3,036.93</b>

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.27	<p><b>Texas Health Rockwall</b>            Nonpriority Creditor's Name  <b>3150 Horizon Road Suite 131</b>            Number Street  <b>Rockwall, TX 75032</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Medical Bill</b></p>	\$6,158.05
4.28	<p><b>Texas Medicine Resources</b>            Nonpriority Creditor's Name  <b>PO Box 8549</b>            Number Street  <b>Fort Worth, TX 76124-0549</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>9442</u></p> <p>When was the debt incurred? <u>2020</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Medical Bill</b></p>	\$1,566.00
4.29	<p><b>Urology Clinics of North Texas</b>            Nonpriority Creditor's Name  <b>Dept 1046, PO Box 650850</b>            Number Street  <b>Dallas, TX 75265</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Medical Bill</b></p>	\$564.97

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.30	<p><b>US Acute Care Solutions</b>            Nonpriority Creditor's Name  <b>4535 Dressler Rd. NW</b>            Number Street  <b>Canton, OH 44718</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____  <b>When was the debt incurred?</b> <u>2020</u>  <b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>	<b>\$985.00</b>
4.31	<p><b>US Anesthesia Partners of Texas</b>            Nonpriority Creditor's Name  <b>PO Box 840855</b>            Number Street  <b>Dallas, TX 75284</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>5459</u>  <b>When was the debt incurred?</b> <u>2020</u>  <b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>	<b>\$1,268.46</b>
4.32	<p><b>Veritex Bank</b>            Nonpriority Creditor's Name  <b>1001 Main Street</b>            Number Street  <b>Garland, TX 75040</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>6894</u>  <b>When was the debt incurred?</b> <u>01/09/2019</u>  <b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Business Debt</b></p>	<b>\$24,687.00</b>



Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.33	<b>Veritex Bank</b> Nonpriority Creditor's Name <b>1001 Main Street</b> Number Street <b>Garland, TX 75040</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6953</u> When was the debt incurred? <u>02/05/2019</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Business Debt - Line of Credit</b>	<b>\$149,067.00</b>
4.34	<b>Veritex Bank</b> Nonpriority Creditor's Name <b>1001 Main Street</b> Number Street <b>Garland, TX 75040</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Remarks:</b> SBA loan	Last 4 digits of account number <u>6540</u> When was the debt incurred? <u>03/08/2017</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Business Debt - SBA Loan</b>	<b>\$308,182.00</b>

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.35	<p><b>Veritex Bank</b>            Nonpriority Creditor's Name  <b>1001 Main Street</b>            Number Street  <b>Garland, TX 75040</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>7940</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>overdraft</b></p> <p><b>\$65.45</b></p>
4.36	<p><b>WFFA Corporate</b>            Nonpriority Creditor's Name  <b>606 Young Street</b>            Number Street  <b>Dallas, TX 75202</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> <u>2019</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>advertising</b></p> <p><b>\$50,536.00</b></p>

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Capital Management Services, LP**

Name

**698 1/2 South Ogden Strret**

Number Street

**Buffalo, NY 14206-2317**

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4023

**Colven, Tran, & Meredith, P.C.**

Name

**1401 Burnham Dr.**

Number Street

**Plano, TX 75093**

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Colven, Tran, & Meredith, P.C.**

Name

**1401 Burnham Dr.**

Number Street

**Plano, TX 75093**

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Colven, Tran, & Meredith, P.C.**

Name

**1401 Burnham Dr.**

Number Street

**Plano, TX 75093**

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Szabo Associates**

Name

**WFFA**

**3355 Lenox Rd. NE Suite 9945**

Number Street

**Atlanta, GA 30326**

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.36 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Add the Amounts for Each Type of Unsecured Claim

**6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

		Total claim
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. <b>Total.</b> Add lines 6a through 6d.	6e. <u>\$0.00</u>

		Total claim
<b>Total claims from Part 2</b>	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$1,165,135.08</u>
	6j. <b>Total.</b> Add lines 6f through 6i.	6j. <u>\$1,165,135.08</u>

Fill in this information to identify your case:

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Texas</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<u>Juan Cabellos</u> Name <u>c/o First Fidelity Real Estate Services</u> <u>2301 Forest Lane Suite 310</u> Number Street <u>Garland, TX 75042</u> City State ZIP Code	Co-signed Business Premises Lease Contract to be REJECTED
2.2	<u>Mike Albert Leasing</u> Name <u>PO Box 643220</u> Number Street <u>Cincinnati, OH 45264</u> City State ZIP Code	2015 Chevrolet Express 2500 Work Van, 2012 Chevrolet 2500 Work Van, Four 2016 Ford Transit Vans and Two 2019 Ford Transit Vans Contract to be REJECTED
2.3	<u></u> Name <u></u> Number Street <u></u> City State ZIP Code	
2.4	<u></u> Name <u></u> Number Street <u></u> City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Texas</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a code debtor.)

☐ No  
☒ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☐ No. Go to line 3.  
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☒ No  
☐ Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a code debtor if your spouse is filing with you. List the person shown in line 2 again as a code debtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

**Column 1: Your code debtor**

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

TXE Solutions, LLC

Name  
8418 Carrie Lane  
Number Street  
Rowlett, TX 75089  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_  
4.3, 4.5, 4.9,  
4.12, 4.13, 4.17,  
☒ Schedule E/F, line 4.32, 4.33, 4.34  
☒ Schedule G, line 2.1, 2.2

3.2

TXE Solutions, LLC DBA Service City Electric

Name  
8418 Carrie Lane  
Number Street  
Rowlett, TX 75089  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_  
4.3, 4.5, 4.9,  
4.12, 4.13, 4.17,  
☒ Schedule E/F, line 4.32, 4.33, 4.34  
☒ Schedule G, line 2.1, 2.2

Fill in this information to identify your case:

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Texas</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status

##### Occupation

##### Employer's name

##### Employer's address

##### How long employed there?

##### Debtor 1

☒ Employed ☐ Not Employed

Sales Manager

Service Today

490 Villaume Ave  
Number Street

South Saint Paul, MN 55075  
City State Zip Code

3 months

##### Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed

PRN

ParkHill Surgery Center

7000 W Plano Pkwy.,  
Number Street

Plano, TX 75093  
City State Zip Code

3 months

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. <u>\$14,957.25</u>	<u>\$857.64</u>
3. <b>Estimate and list monthly overtime pay.</b>	3. + <u>\$0.00</u>	+ <u>\$0.00</u>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. <u>\$14,957.25</u>	<u>\$857.64</u>

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b> .....→	4. <u>\$14,957.25</u>	<u>\$857.64</u>
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. <u>\$4,140.68</u>	<u>\$65.61</u>
5b. <b>Mandatory contributions for retirement plans</b>	5b. <u>\$0.00</u>	<u>\$0.00</u>
5c. <b>Voluntary contributions for retirement plans</b>	5c. <u>\$0.00</u>	<u>\$0.00</u>
5d. <b>Required repayments of retirement fund loans</b>	5d. <u>\$0.00</u>	<u>\$0.00</u>
5e. <b>Insurance</b>	5e. <u>\$0.00</u>	<u>\$0.00</u>
5f. <b>Domestic support obligations</b>	5f. <u>\$0.00</u>	<u>\$0.00</u>
5g. <b>Union dues</b>	5g. <u>\$0.00</u>	<u>\$0.00</u>
5h. <b>Other deductions.</b> Specify: _____	5h. + <u>\$0.00</u>	+ <u>\$0.00</u>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$4,140.68</u>	<u>\$65.61</u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. <u>\$10,816.58</u>	<u>\$792.03</u>
<b>8. List all other income regularly received:</b>		
<b>8a. Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <u>\$0.00</u>	<u>(\$1,273.10)</u>
<b>8b. Interest and dividends</b>	8b. <u>\$0.00</u>	<u>\$0.00</u>
<b>8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <u>\$0.00</u>	<u>\$0.00</u>
<b>8d. Unemployment compensation</b>	8d. <u>\$0.00</u>	<u>\$0.00</u>
<b>8e. Social Security</b>	8e. <u>\$0.00</u>	<u>\$0.00</u>
<b>8f. Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. <u>\$0.00</u>	<u>\$0.00</u>
<b>8g. Pension or retirement income</b>	8g. <u>\$0.00</u>	<u>\$0.00</u>
<b>8h. Other monthly income.</b> Specify: _____	8h. + <u>\$0.00</u>	+ <u>\$0.00</u>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$0.00</u>	<u>(\$1,273.10)</u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. <u>\$10,816.58</u>	+ <u>(\$481.07)</u> = <u>\$10,335.51</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		11. + <u>\$0.00</u>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies		12. <u>\$10,335.51</u> <b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		



Debtor 1  
Debtor 2

Everett  
Emily

First Name

Charles  
Paige

Middle Name

Alexander  
Alexander

Last Name

Case number (if known) \_\_\_\_\_

1. Employment information for Debtor 1

Occupation Electrician

Employer's name Dallas Service Today LLC

Employer's address 490 Villaume Ave. Ste. 300  
Number Street

South Saint Paul, MN 55075-2581  
City State Zip Code

How long employed there? 2 months

1. Employment information for Debtor 2 or non-filing spouse

Occupation owner

Employer's name Coco's Delights Cookie

Employer's address 8418 Carrie Lane  
Number Street

Rowlett, TX 75089  
City State Zip Code

How long employed there? 4 months

Occupation Owner

Employer's name Welljuvinate

Employer's address 8418 Carrie Lane  
Number Street

Richardson, TX 75082  
City State Zip Code

How long employed there? 5 months

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

8a. Attached Statement

**d/b/a Coco's Delights Cookie Sales**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:	<u>\$400.00</u>
--------------------------	-----------------

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	<u>\$0.00</u>
3. Net Employee Payroll (Other than debtor)	<u>\$0.00</u>
4. Payroll Taxes	<u>\$0.00</u>
5. Unemployment Taxes	<u>\$0.00</u>
6. Worker's Compensation	<u>\$0.00</u>
7. Other Taxes	<u>\$0.00</u>
8. Inventory Purchases (Including raw materials)	<u>\$325.52</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>\$0.00</u>
10. Rent (Other than debtor's principal residence)	<u>\$0.00</u>
11. Utilities	<u>\$0.00</u>
12. Office Expenses and Supplies	<u>\$0.00</u>
13. Repairs and Maintenance	<u>\$0.00</u>
14. Vehicle Expenses	<u>\$0.00</u>
15. Travel and Entertainment	<u>\$0.00</u>
16. Equipment Rental and Leases	<u>\$0.00</u>
17. Legal/Accounting/Other Professional Fees	<u>\$0.00</u>
18. Insurance	<u>\$0.00</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>\$0.00</u>
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	
TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>
21. Other Expenses	
TOTAL OTHER EXPENSES	<u>\$0.00</u>
22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)	<u>\$325.52</u>

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)	<u>\$74.48</u>
--	----------------

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

8a. Attached Statement

**d/b/a Welljuvinate**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:	<u>\$184.00</u>
--------------------------	-----------------

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	<u>\$0.00</u>	
3. Net Employee Payroll (Other than debtor)	<u>\$0.00</u>	
4. Payroll Taxes	<u>\$0.00</u>	
5. Unemployment Taxes	<u>\$0.00</u>	
6. Worker's Compensation	<u>\$0.00</u>	
7. Other Taxes	<u>\$0.00</u>	
8. Inventory Purchases (Including raw materials)	<u>\$527.58</u>	
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>\$0.00</u>	
10. Rent (Other than debtor's principal residence)	<u>\$0.00</u>	
11. Utilities	<u>\$0.00</u>	
12. Office Expenses and Supplies	<u>\$0.00</u>	
13. Repairs and Maintenance	<u>\$0.00</u>	
14. Vehicle Expenses	<u>\$0.00</u>	
15. Travel and Entertainment	<u>\$0.00</u>	
16. Equipment Rental and Leases	<u>\$0.00</u>	
17. Legal/Accounting/Other Professional Fees	<u>\$1,004.00</u>	
18. Insurance	<u>\$0.00</u>	
19. Employee Benefits (e.g., pension, medical, etc.)	<u>\$0.00</u>	
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts		
TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>	
21. Other Expenses		
TOTAL OTHER EXPENSES	<u>\$0.00</u>	
22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)		<u>\$1,531.58</u>
PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:		
23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)		<u>(\$1,347.58)</u>

Fill in this information to identify your case:

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Texas</u>		
Case number (if known)	_____		

Check if this is:

☐ An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☐ No

☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

Child

21 years

☒ No. ☐ Yes.

Child

19 years

☒ No. ☐ Yes.

Child

18 years

☒ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \_\_\_\_\_ \$2,934.84

If not included in line 4:

4a. Real estate taxes

4a. \_\_\_\_\_ \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \_\_\_\_\_ \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \_\_\_\_\_ \$200.00

4d. Homeowner's association or condominium dues

4d. \_\_\_\_\_ \$57.50

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**

---

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

		Your expenses	
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5.	_____ \$0.00
6.	<b>Utilities:</b>		
6a.	Electricity, heat, natural gas	6a.	_____ \$541.00
6b.	Water, sewer, garbage collection	6b.	_____ \$169.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	_____ \$765.00
6d.	Other. Specify: _____	6d.	_____ \$0.00
7.	<b>Food and housekeeping supplies</b>	7.	_____ \$1,000.00
8.	<b>Childcare and children's education costs</b>	8.	_____ \$300.00
9.	<b>Clothing, laundry, and dry cleaning</b>	9.	_____ \$350.00
10.	<b>Personal care products and services</b>	10.	_____ \$150.00
11.	<b>Medical and dental expenses</b>	11.	_____ \$100.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	_____ \$550.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	_____ \$100.00
14.	<b>Charitable contributions and religious donations</b>	14.	_____ \$500.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a.	_____ \$313.00
15b.	Health insurance	15b.	_____ \$0.00
15c.	Vehicle insurance	15c.	_____ \$580.00
15d.	Other insurance. Specify: _____	15d.	_____ \$0.00
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____ \$0.00
17.	<b>Installment or lease payments:</b>		
17a.	Car payments for Vehicle 1	17a.	_____ \$643.42
17b.	Car payments for Vehicle 2	17b.	_____ \$309.99
17c.	Other. Specify: _____ Smile Direct-Dental	17c.	_____ \$75.00
17d.	Other. Specify: _____	17d.	_____ \$0.00
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	_____ \$0.00
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19.	_____ \$0.00
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a.	Mortgages on other property	20a.	_____ \$0.00
20b.	Real estate taxes	20b.	_____ \$0.00
20c.	Property, homeowner's, or renter's insurance	20c.	_____ \$0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	_____ \$0.00
20e.	Homeowner's association or condominium dues	20e.	_____ \$0.00

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

21. **Other.** Specify: \_\_\_\_\_

21. **+** \_\_\_\_\_ \$0.00

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \_\_\_\_\_ \$9,638.75

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \_\_\_\_\_ \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \_\_\_\_\_ \$9,638.75

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \_\_\_\_\_ \$10,335.51

23b. Copy your monthly expenses from line 22c above.

23b. **-** \_\_\_\_\_ \$9,638.75

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \_\_\_\_\_ \$696.76

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>	Case number (if known) _____
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>	
	First Name	Middle Name	Last Name	

		Amount
<b>9. Clothing, laundry, and dry cleaning</b>		
clothing		\$200.00
dry cleaning		\$150.00

Fill in this information to identify your case:

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Texas</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

### Part 1: Summarize Your Assets

#### Your assets

Value of what you own

#### 1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	<u>\$450,000.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	<u>\$54,789.22</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	<u>\$504,789.22</u>

### Part 2: Summarize Your Liabilities

#### Your liabilities

Amount you owe

#### 2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	<u>\$403,761.00</u>
---	---------------------

#### 3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	<u>\$0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	<u>\$1,165,135.08</u>

**Your total liabilities**

\$1,568,896.08

### Part 3: Summarize Your Income and Expenses

#### 4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	<u>\$10,335.51</u>
---	--------------------

#### 5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	<u>\$9,638.75</u>
---	-------------------



Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Answer These Questions for Administrative and Statistical Records

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*.** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	_____
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	_____
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	_____
9d. Student loans. (Copy line 6f.)	_____
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	_____
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ _____
9g. <b>Total.</b> Add lines 9a through 9f.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Fill in this information to identify your case:

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Texas</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?



No



Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

/s/ Everett Charles Alexander

Everett Charles Alexander, Debtor 1

X

/s/ Emily Paige Alexander

Emily Paige Alexander, Debtor 2

Date 02/12/2021

MM/ DD/ YYYY

Date 02/12/2021

MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Texas</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Give Details About Your Marital Status and Where You Lived Before

#### 1. What is your current marital status?

- ☒ Married
- ☐ Not married

#### 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div>Number Street</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div>City State ZIP Code</div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div>From To</div> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div>Number Street</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div>City State ZIP Code</div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div>From To</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div>City State ZIP Code</div>
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div>Number Street</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div>City State ZIP Code</div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div>From To</div> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div>Number Street</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div>City State ZIP Code</div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div>From To</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div>City State ZIP Code</div>
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	

#### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Explain the Sources of Your Income

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$15,384.60</u> <u>\$0.00</u>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$1,364.58</u> <u></u>
<b>For last calendar year:</b> (January 1 to December 31, <u>2020</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$11,538.46</u> <u>\$121,022.95</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u></u> <u>\$1,155.00</u>
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2019</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u></u> <u>\$135,930.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u></u> <u>\$80,449.00</u>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<u></u>	<u></u>	<u></u>	<u></u>
	<u></u>	<u></u>	<u></u>	<u></u>
	<u></u>	<u></u>	<u></u>	<u></u>
<b>For last calendar year:</b> (January 1 to December 31, <u>2020</u> ) YYYY	IRA distribution	<u>\$12,821.00</u>	<u></u>	<u></u>
	Home refinance	<u>\$24,666.00</u>	<u></u>	<u></u>
	Milestone	<u>\$86,845.95</u>	<u></u>	<u></u>
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2019</u> ) YYYY	Rental Income	<u>\$13,700.00</u>	<u></u>	<u></u>
	<u></u>	<u></u>	<u></u>	<u></u>
	<u></u>	<u></u>	<u></u>	<u></u>

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** List Certain Payments You Made Before You Filed for Bankruptcy

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☒ **No.** **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

☐ **No.** Go to line 7.

☒ **Yes.** List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

☐ **Yes.** **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ **No.** Go to line 7.

☐ **Yes.** List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Cenlar	02/01/2021	\$8,804.52	\$358,867.00	<input checked="" type="checkbox"/> Mortgage
Creditor's Name				<input type="checkbox"/> Car
PO Box 77404	01/01/2021			<input type="checkbox"/> Credit card
Number Street				<input type="checkbox"/> Loan repayment
Trenton, NJ 08628	12/01/2020			<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ **No**

☐ **Yes.** List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name					
Number	Street				
City	State	ZIP Code			

#### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
- ☒ Yes. Fill in the details.

		Nature of the case	Court or agency	Status of the case
Case title	Kenneth McClure vs. TXE Solutions, LLC d/b/a Service City	Civil action regarding alleged negligence, breach of contract, etc.	County Court at Law No. 1, Ellis County, Texas Court Name	<input checked="" type="checkbox"/> Pending
Case number	21-c-3006		Number Street	<input type="checkbox"/> On appeal
			City State ZIP Code	<input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
- ☐ Yes. Fill in the information below.

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>	
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>	Case number (if known) _____
	First Name	Middle Name	Last Name	

  

_____ Creditor's Name  _____ Number      Street  _____  _____ City                      State      ZIP Code	<table border="1"> <thead> <tr> <th>Describe the property</th> <th>Date</th> <th>Value of the property</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Explain what happened</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Property was repossessed.  <input type="checkbox"/> Property was foreclosed.  <input type="checkbox"/> Property was garnished.  <input type="checkbox"/> Property was attached, seized, or levied.               </td> </tr> </tbody> </table>	Describe the property	Date	Value of the property				Explain what happened	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.
Describe the property	Date	Value of the property							
Explain what happened									
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.									

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

_____ Creditor's Name  _____ Number      Street  _____ City                      State      ZIP Code	<table border="1"> <thead> <tr> <th>Describe the action the creditor took</th> <th>Date action was taken</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Describe the action the creditor took	Date action was taken	Amount			
Describe the action the creditor took	Date action was taken	Amount					

Last 4 digits of account number: XXXX-\_\_ \_\_ \_\_ \_\_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☐ No
- ☒ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Watermark Community Church Charity's Name  7540 LBJ Freeway Number Street  Dallas, TX 75251 City State ZIP Code	Tithe	various times over last 24 months	\$14,709.00

**Part 6:** List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
- ☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost



Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 7:** List Certain Payments or Transfers

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
- ☒ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<b>DeMarco Mitchell, PLLC</b> Person Who Was Paid 1255 West 15th St., 805 Number Street Plano, TX 75075 City State ZIP Code Email or website address Person Who Made the Payment, if Not You	Attorney's Fee 2/10/2021	\$3,000.00
<b>123 Credit Counselors, Inc</b> Person Who Was Paid 1000 NW 57th Ct. 860 Number Street Miami, FL 33126 City State ZIP Code www.a123cc.org Email or website address Debtors Person Who Made the Payment, if Not You	10/6/2020	\$20.00

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No
- ☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code		

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
- ☒ Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
<b>Cedric de Rosso</b> Person Who Received Transfer <b>46 Rue Auguste Renoir</b> Number Street <b>31200 Toulouse,</b> City State ZIP Code Person's relationship to you <b>No relation</b>	House & lot located at 8447 Campanella Drive, Dallas, TX 75243 and more fully described as Hamilton Park, Lot 25, Block 22, an addition to the City of Dallas, Dallas County, Texas  Final sale price was \$142,900.00. Market value of the property was believed to be approximately \$149,000.00 at time of sale.	Debtors received net proceeds of \$54,902.65 from the sale of this property and used the funds received to pay federal income tax obligations owed to the IRS for tax years 2016 and 2018.	<b>3/31/2020</b>

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices*.)

- ☒ No
- ☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust _____ _____		

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
- ☒ Yes. Fill in the details.

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

<u>Chase</u> Name of Financial Institution <u>P.O. Box 6294</u> Number Street <u>Carol Stream, IL 60197-6294</u> City State ZIP Code	XXXX- <u>8</u> <u>1</u> <u>6</u> <u>0</u> <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>8/18/2020</u>	<u>\$0.00</u>
---	--	------------------	---------------

<u>Chase</u> Name of Financial Institution <u>P.O. Box 6294</u> Number Street <u>Carol Stream, IL 60197-6294</u> City State ZIP Code	XXXX- <u>7</u> <u>7</u> <u>6</u> <u>0</u> <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>8/17/2020</u>	<u>\$0.00</u>
---	--	------------------	---------------

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No  
☐ Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
<u>Name of Financial Institution</u> <u>Number Street</u> <u>City State ZIP Code</u>		<input type="checkbox"/> No <input type="checkbox"/> Yes

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☐ No  
☒ Yes. Fill in the details.

Debtor 1 Debtor 2	<b>Everett Emily</b>	<b>Charles Paige</b>	<b>Alexander Alexander</b>	Case number (if known) _____
	First Name	Middle Name	Last Name	

  

		<b>Who else has or had access to it?</b>	<b>Describe the contents</b>	<b>Do you still have it?</b>
<u>Lakeside Storage</u>		_____	HVAC & Electrical supplies owned by TXE Solutions, LLC with estimated value of \$2,000.00. These assets are listed amongst the entity's assets as disclosed in the schedules as well.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Name of Storage Facility</b>		<b>Name</b>		
<u>351 Elm Grove Rd.</u>	_____	<b>Number Street</b>		
<u>Rowlett, TX 75089</u>	_____	<b>City State ZIP Code</b>		
<b>City State ZIP Code</b>				

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- ☐ No
- ☒ Yes. Fill in the details.

		<b>Where is the property?</b>	<b>Describe the property</b>	<b>Value</b>
<u>TXE Solutions, LLC, d/b/a Service City Electric</u>		<u>351 Elm Grove Road</u>	HVAC & Electrical supplies owned by TXE Solutions, LLC with estimated value of \$2,000.00. Located at Lakeside storage facility.	_____
<b>Owner's Name</b>		<b>Number Street</b>		
<u>8418 Carrie Lane</u>	_____	<b>Number Street</b>		
<u>Rowlett, TX 75089</u>	_____	<b>City State ZIP Code</b>		
<b>City State ZIP Code</b>				

**Part 10: Give Details About Environmental Information**

**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

**Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name Case number (if known)

Governmental unit	Environmental law, if you know it	Date of notice
-------------------	-----------------------------------	----------------

Name of site	Governmental unit	
Number Street	Number Street	
	City State ZIP Code	
City State ZIP Code		

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
-------------------	-----------------------------------	----------------

Name of site	Governmental unit	
Number Street	Number Street	
	City State ZIP Code	
City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
-----------------	--------------------	--------------------

Case title	Court Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Number Street	
Case number	City State ZIP Code	

Debtor 1 **Everett** **Charles** **Alexander**  
 Debtor 2 **Emily** **Paige** **Alexander**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 11:** Give Details About Your Business or Connections to Any Business

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

TXE Solutions, LLC DBA Service City  
 Electric  
 Name

8418 Carrie Lane  
 Number Street

Rowlett, TX 75089  
 City State ZIP Code

**Describe the nature of the business**

HVAC & Electrical

**Employer Identification number**  
 Do not include Social Security number or ITIN.

EIN: 4 6 - 1 8 6 1 1 2 2

**Name of accountant or bookkeeper**

Smith Dunn & Co

**Dates business existed**

From 2007 To 12/31/2020

Wow Home Services, LLC  
 Name

8418 Carrie Lane  
 Number Street

Rowlett, TX 75089  
 City State ZIP Code

**Describe the nature of the business**

Electrical/HVAC - Entity has never operated

**Employer Identification number**  
 Do not include Social Security number or ITIN.

EIN: 8 4 - 5 0 7 8 6 6 8

**Name of accountant or bookkeeper**

**Dates business existed**

From 3/16/2020 To present

d/b/a Coco's Delights Cookie Sales  
 Name

8418 Carrie Lane  
 Number Street

Rowlett, TX 75089  
 City State ZIP Code

**Describe the nature of the business**

Sole proprietorship - Cookie sales from home

**Employer Identification number**  
 Do not include Social Security number or ITIN.

EIN:        -       

**Name of accountant or bookkeeper**

**Dates business existed**

From 10/2020 To present

d/b/a Welljuvinate  
 Name

8418 Carrie Lane  
 Number Street

Rowlett, TX 75089  
 City State ZIP Code

**Describe the nature of the business**

Sole proprietorship - Botox sales from home

**Employer Identification number**  
 Do not include Social Security number or ITIN.

EIN:        -       

**Name of accountant or bookkeeper**

**Dates business existed**

From 9/2020 To present

Debtor 1	Everett	Charles	Alexander	
Debtor 2	Emily	Paige	Alexander	
	First Name	Middle Name	Last Name	Case number (if known) _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No
- ☒ Yes. Fill in the details below.

Date issued

Veritex Bank  
Name

1/2020  
MM / DD / YYYY

1001 Main Street  
Number Street

Garland, TX 75040  
City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Everett Charles Alexander  
Signature of Everett Charles Alexander, Debtor 1

X /s/ Emily Paige Alexander  
Signature of Emily Paige Alexander, Debtor 2

Date 02/12/2021

Date 02/12/2021

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
- ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Texas</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>Cenlar</u>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <u>Homestead</u> <u>8418 Carrie Lane Rowlett, TX 75089</u>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name: <u>EECU</u>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <u>2016 BMW 235i</u> <u>Last monthly payment is due on 4/24/2024</u>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	



Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>	Case number (if known) _____
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>	
	First Name	Middle Name	Last Name	

**Additional Page for Part 1**

Creditor's name:	<b>DCU</b>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt:	<b>2019 Ford Transit</b> <b>Last monthly payment due on 8/11/2025</b>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
		<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
		<input type="checkbox"/> Retain the property and [explain]:	

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
--	----------------------------

Lessor's name:	Mike Albert Leasing	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes

Description of leased property:	2015 Chevrolet Express 2500 Work Van, 2012 Chevrolet 2500 Work Van, Four 2016 Ford Transit Vans and Two 2019 Ford Transit Vans
---------------------------------	--

Lessor's name:	Juan Cabellos	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes

Description of leased property:	Co-signed Business Premises Lease
---------------------------------	-----------------------------------

Lessor's name:		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

Description of leased property:	
---------------------------------	--

Lessor's name:		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

Description of leased property:	
---------------------------------	--

Lessor's name:		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

Description of leased property:	
---------------------------------	--

Lessor's name:		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

Description of leased property:	
---------------------------------	--

Lessor's name:		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

Description of leased property:	
---------------------------------	--

**Part 3:** Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

<p><b>X</b> /s/ Everett Charles Alexander _____ Signature of Debtor 1</p>	<p><b>X</b> /s/ Emily Paige Alexander _____ Signature of Debtor 2</p>
---	---

Date <u>02/12/2021</u> MM/ DD/ YYYY	Date <u>02/12/2021</u> MM/ DD/ YYYY
--	--

Fill in this information to identify your case:

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Texas</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Statement for Alexander, Everett Charles

## Official Form 122A-1Supp

# Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

12/15

File this supplement together with **Chapter 7 Statement of Your Current Monthly Income** (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

### Part 1: Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition* (Official Form 101).

☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

☐ Yes. Go to Part 2.

### Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?

☐ No. Go to line 3.

☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity?  
10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

☐ No. Go to line 3.

☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. **Are you or have you been a Reservist or member of the National Guard?**

☐ No. Complete Form 122A-1. Do not submit this supplement.

☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)

☐ No. Complete Form 122A-1. Do not submit this supplement.

☐ Yes. Check any one of the following categories that applies:

☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.

☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

☐ I am performing a homeland defense activity for at least 90 days.

☐ I performed a homeland defense activity for at least 90 days, ending on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later

Fill in this information to identify your case:

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Texas</u>		
Case number (if known)	<u></u>		

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

## Official Form 122A-1

## Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

## 1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.<sup>11</sup> U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u></u>	<u></u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u></u>	<u></u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u></u>	<u></u>
5. Net income from operating a business, profession, or farm	Debtor 1	Debtor 2
Gross receipts (before all deductions)	<u></u>	<u></u>
Ordinary and necessary operating expenses	- <u></u>	- <u></u>
Net monthly income from a business, profession, or farm	<u></u>	<u></u>
		Copy here →
6. Net income from rental and other real property	Debtor 1	Debtor 2
Gross receipts (before all deductions)	<u></u>	<u></u>
Ordinary and necessary operating expenses	- <u></u>	- <u></u>
Net monthly income from rental or other real property	<u></u>	<u></u>
		Copy here →
7. Interest, dividends, and royalties	<u></u>	<u></u>

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

8. **Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \_\_\_\_\_ ↓

For you.....

For your spouse.....

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below

Total amounts from separate pages, if any.

+ \_\_\_\_\_

+ \_\_\_\_\_

11. **Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\_\_\_\_\_

+ \_\_\_\_\_

= \_\_\_\_\_

Total current  
monthly income

Part 2: Determine Whether the Means Test Applies to You

12. **Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....  
Multiply by 12 (the number of months in a year).

Copy line 11 here →

x 12

12b. The result is your annual income for this part of the form.

12b.

13. **Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household.....

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13.

14. **How do the lines compare?**

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1  
Debtor 2

Case 21-40229

Doc 1

Filed 02/12/21

Entered 02/12/21 16:42:39

Desc Main

Everett

Charles

Alexander

Emily

Paige

Alexander

First Name

Middle Name

Last Name

Page 78 of 94

Case number (if known) \_\_\_\_\_

**Part 3:** Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X**

**/s/ Everett Charles Alexander**

Signature of Debtor 1

Date 02/12/2021

MM/ DD/ YYYY

**X**

**/s/ Emily Paige Alexander**

Signature of Debtor 2

Date 02/12/2021

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

In re: **Alexander, Everett Charles (Debtor 1)**  
**Alexander, Emily Paige (Debtor 2)**

Case Number:  
 Chapter: **7**

**Alexander, Everett Charles (Debtor 1)**

<b>2021</b>	<b>Year-to-date Gross Income</b> \$15,384.60	<b>Year-to-date Net</b> \$11,333.77
<b>Dallas Service Today LLC — Year-to-date Totals</b>	\$15,384.60	\$11,333.77
<b>Service Today — Year-to-date Totals</b>	\$0.00	\$0.00
<b>February</b>	<b>Month-to-date Gross Income</b> \$0.00	<b>Month-to-date Net</b> \$0.00

No Paychecks Found

<b>January</b>	<b>January 2021 Gross Income</b> \$15,384.60	<b>January 2021 Net</b> \$11,333.77
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<b>Dallas Service Today LLC — January Totals</b>	\$15,384.60	\$11,333.77
<b>Check Date — 1/15/2021</b>		
Regular:	\$7,692.30	<u>Other Deductions:</u>
<b>Total Earnings:</b>	<b>\$7,692.30</b>	
Federal WH Tax	\$1,436.95	
Medicare Tax	\$111.54	
Social Security Tax	\$476.92	
<b>Net Earnings:</b>	<b>\$5,666.89</b>	
<b>Check Date — 1/29/2021</b>		
Regular:	\$7,692.30	<u>Other Deductions:</u>
<b>Total Earnings:</b>	<b>\$7,692.30</b>	
Federal WH Tax	\$1,436.95	
Medicare Tax	\$111.54	
Social Security Tax	\$476.93	
<b>Net Earnings:</b>	<b>\$5,666.88</b>	

**Employer Totals for January**

<b>Dallas Service Today LLC</b>		
Regular:	\$15,384.60	<u>Other Deductions:</u>
Overtime:	\$0.00	
<b>Total Earnings:</b>	<b>\$15,384.60</b>	
Federal WH Tax	\$2,873.90	
Social Security Tax	\$953.85	
Medicare Tax	\$223.08	
<b>Net Earnings:</b>	<b>\$11,333.77</b>	

<b>2020</b>	<b>2020 Gross Income</b> \$23,076.92	<b>2020 Net</b> \$15,786.46
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<b>Dallas Service Today LLC — 2020 Totals</b>	\$11,538.46	\$7,893.23
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<b>Service Today — 2020 Totals</b>	\$11,538.46	\$7,893.23
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## December

**December 2020 Gross Income**  
\$23,076.92

**December 2020 Net**  
\$15,786.46

<b>Dallas Service Today LLC — December Totals</b>	\$11,538.46	\$7,893.23
---	-------------	------------

### Check Date — 12/31/2020

Regular:	\$11,538.46	<u><b>Other Deductions:</b></u>
<b>Total Earnings:</b>	\$11,538.46	
Federal WH Tax	\$2,762.54	
Medicare Tax	\$167.31	
Social Security Tax	\$715.38	
<b>Net Earnings:</b>	\$7,893.23	

<b>Service Today — December Totals</b>	\$11,538.46	\$7,893.23
--	-------------	------------

### Check Date — 12/31/2020

Regular:	\$11,538.46	<u><b>Other Deductions:</b></u>
<b>Total Earnings:</b>	\$11,538.46	
Federal WH Tax	\$2,762.54	
Medicare Tax	\$167.31	
Social Security Tax	\$715.38	
<b>Net Earnings:</b>	\$7,893.23	

## Employer Totals for December

### Dallas Service Today LLC

Regular:	\$11,538.46	<u><b>Other Deductions:</b></u>
Overtime:	\$0.00	
<b>Total Earnings:</b>	\$11,538.46	
Federal WH Tax	\$2,762.54	
Social Security Tax	\$715.38	
Medicare Tax	\$167.31	
<b>Net Earnings:</b>	\$7,893.23	

### Service Today

Regular:	\$11,538.46	<u><b>Other Deductions:</b></u>
Overtime:	\$0.00	
<b>Total Earnings:</b>	\$11,538.46	
Federal WH Tax	\$2,762.54	
Social Security Tax	\$715.38	
Medicare Tax	\$167.31	
<b>Net Earnings:</b>	\$7,893.23	



### Average Per Employer

#### Dallas Service Today LLC

Regular:	\$8,974.35	<u>Other Deductions:</u>
Overtime:	\$0.00	
<b>Total Earnings:</b>	<b>\$8,974.35</b>	
Federal WH Tax	\$1,878.81	
Social Security Tax	\$556.41	
Medicare Tax	\$130.13	
<b>Net Earnings:</b>	<b>\$6,409.00</b>	

#### Service Today

Regular:	\$11,538.46	<u>Other Deductions:</u>
Overtime:	\$0.00	
<b>Total Earnings:</b>	<b>\$11,538.46</b>	
Federal WH Tax	\$2,762.54	
Social Security Tax	\$715.38	
Medicare Tax	\$167.31	
<b>Net Earnings:</b>	<b>\$7,893.23</b>	

### Average for All Paychecks

#### Dallas Service Today LLC & Service Today

Regular:	\$20,512.81	<u>Other Deductions:</u>
Overtime:	\$0.00	
<b>Total Earnings:</b>	<b>\$20,512.81</b>	
Federal WH Tax	\$4,641.35	
Social Security Tax	\$1,271.79	
Medicare Tax	\$297.44	
<b>Net Earnings:</b>	<b>\$14,302.23</b>	

**Alexander, Emily Paige (Debtor 2)**

<b>2021</b>	<b>Year-to-date Gross Income</b> \$747.08	<b>Year-to-date Net</b> \$689.93
<b>February</b>	<b>Month-to-date Gross Income</b> \$0.00	<b>Month-to-date Net</b> \$0.00

No Paychecks Found

<b>January</b>	<b>January 2021 Gross Income</b> \$747.08	<b>January 2021 Net</b> \$689.93
----------------	--	-------------------------------------

**1/8/2021 — ParkHill Surgery Center**

Regular:	\$478.04	<u><b>Other Deductions:</b></u>
<b>Total Earnings:</b>	<b>\$478.04</b>	
Medicare Tax	\$6.93	
Social Security Tax	\$29.64	
<b>Net Earnings:</b>	<b>\$441.47</b>	

**1/22/2021 — ParkHill Surgery Center**

Regular:	\$269.04	<u><b>Other Deductions:</b></u>
<b>Total Earnings:</b>	<b>\$269.04</b>	
Medicare Tax	\$3.90	
Social Security Tax	\$16.68	
<b>Net Earnings:</b>	<b>\$248.46</b>	

**Total for January**

**ParkHill Surgery Center**

Regular:	\$747.08	<u><b>Other Deductions:</b></u>
Overtime:	\$0.00	
<b>Total Earnings:</b>	<b>\$747.08</b>	
Social Security Tax	\$46.32	
Medicare Tax	\$10.83	
<b>Net Earnings:</b>	<b>\$689.93</b>	

<b>2020</b>	<b>2020 Gross Income</b> \$1,010.42	<b>2020 Net</b> \$933.12
<b>December</b>	<b>December 2020 Gross Income</b> \$649.42	<b>December 2020 Net</b> \$599.73

**12/11/2020 — ParkHill Surgery Center**

Regular:	\$161.50	<u><b>Other Deductions:</b></u>
<b>Total Earnings:</b>	<b>\$161.50</b>	
Medicare Tax	\$2.35	
Social Security Tax	\$10.02	
<b>Net Earnings:</b>	<b>\$149.13</b>	

**12/24/2020 — ParkHill Surgery Center**

Regular:	\$487.92	<u>Other Deductions:</u>
<b>Total Earnings:</b>	<b>\$487.92</b>	
Medicare Tax	\$7.07	
Social Security Tax	\$30.25	
<b>Net Earnings:</b>	<b>\$450.60</b>	

**Total for December**

**ParkHill Surgery Center**

Regular:	\$649.42	<u>Other Deductions:</u>
Overtime:	\$0.00	
<b>Total Earnings:</b>	<b>\$649.42</b>	
Social Security Tax	\$40.27	
Medicare Tax	\$9.42	
<b>Net Earnings:</b>	<b>\$599.73</b>	

**November**

November 2020 Gross Income  
\$361.00

November 2020 Net  
\$333.39

**11/27/2020 — ParkHill Surgery Center**

Regular:	\$361.00	<u>Other Deductions:</u>
<b>Total Earnings:</b>	<b>\$361.00</b>	
Medicare Tax	\$5.23	
Social Security Tax	\$22.38	
<b>Net Earnings:</b>	<b>\$333.39</b>	

**Total for November**

**ParkHill Surgery Center**

Regular:	\$361.00	<u>Other Deductions:</u>
Overtime:	\$0.00	
<b>Total Earnings:</b>	<b>\$361.00</b>	
Social Security Tax	\$22.38	
Medicare Tax	\$5.23	
<b>Net Earnings:</b>	<b>\$333.39</b>	

**Average for All Paychecks**

**ParkHill Surgery Center**

Regular:	\$351.50	<u>Other Deductions:</u>
Overtime:	\$0.00	
<b>Total Earnings:</b>	<b>\$351.50</b>	
Social Security Tax	\$21.79	
Medicare Tax	\$5.10	
<b>Net Earnings:</b>	<b>\$324.61</b>	

B2030 (Form 2030)(12/15)

United States Bankruptcy Court  
Eastern District of Texas

**In re**

Alexander, Everett Charles

Alexander, Emily Paige

**Debtor(s)**

Case No. \_\_\_\_\_

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	<u>\$3,000.00</u>
Prior to the filing of this statement I have received .....	<u>\$3,000.00</u>
Balance Due .....	<u>\$0.00</u>

2. The source of the compensation to be paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/12/2021

*Date*

/s/ Michael S. Mitchell

*Signature of Attorney*

Michael S. Mitchell  
Bar Number: 00788065  
DeMarco Mitchell, PLLC  
1255 West 15th St., 805  
plano, TX 75075  
Phone: (972) 578-1400

DeMarco Mitchell, PLLC

*Name of law firm*

Date: 2/12/2021

/s/ Everett Charles Alexander

***Alexander, Everett Charles***

/s/ Emily Paige Alexander

***Alexander, Emily Paige***

Fill in this information to identify your case:

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Texas</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Statement for Alexander, Everett Charles

## Official Form 122A-1Supp

## Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

12/15

File this supplement together with **Chapter 7 Statement of Your Current Monthly Income** (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

## Part 1: Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition* (Official Form 101).
- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

## Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?
- ☐ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
3. **Are you or have you been a Reservist or member of the National Guard?**
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later

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IN THE UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
SHERMAN DIVISION

IN RE: **Alexander, Everett Charles**  
**Alexander, Emily Paige**

CASE NO

CHAPTER 7

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 02/12/2021 Signature /s/ Everett Charles Alexander  
Everett Charles Alexander, Debtor

Date 02/12/2021 Signature /s/ Emily Paige Alexander  
Emily Paige Alexander, Joint Debtor